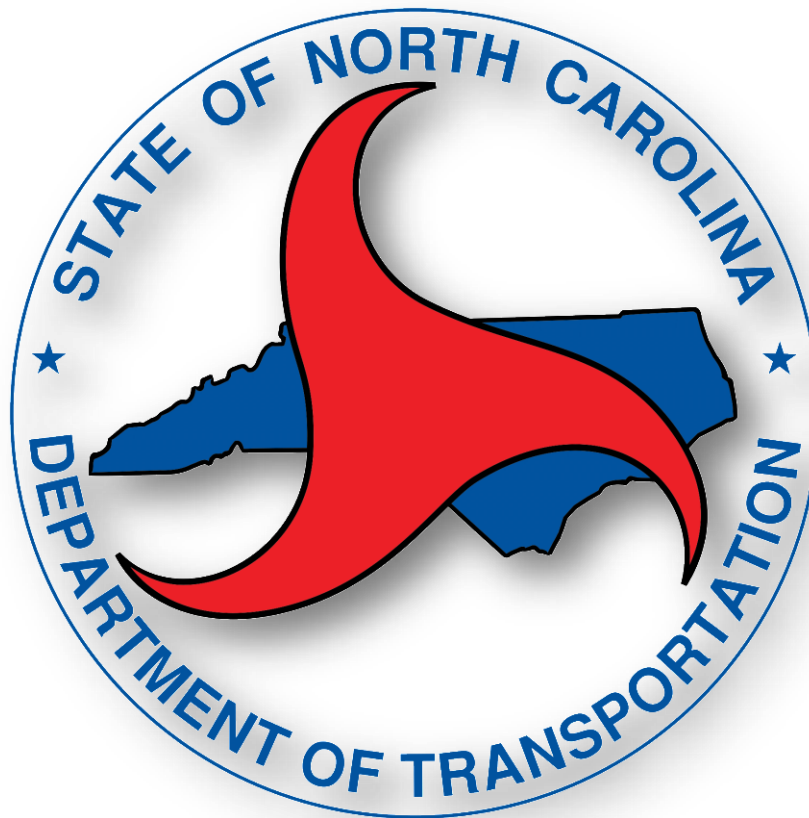


**NORTH CAROLINA DEPARTMENT
OF TRANSPORTATION
Office of Equal Opportunity & Workforce Services
External Services Section**



**EXTERNAL DISCRIMINATION
COMPLAINT PROCEDURES**

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

EXTERNAL DISCRIMINATION COMPLAINT PROCEDURES

The complaint procedures outlined herein apply to the NCDOT and other primary recipients and sub-recipients of Federal financial assistance. These procedures cover discrimination complaints filed under Title VI of the Civil Rights Act of 1964, Civil Rights Restoration Act of 1987, Section 504 of the Rehabilitation Act of 1973, and other nondiscrimination authorities relating to any program, services, or activities administered by the NCDOT and its sub-recipients (e.g., transit systems, MPOs, universities, and counties), consultants, and contractors.

NCDOT will make every effort to obtain early resolution of complaints at the lowest level possible. Complaints of alleged discrimination will be investigated by the appropriate authority. The option of informal mediation meeting(s) between the affected parties and the EOWS staff may be utilized for resolution. Upon completion of each investigation, the EOWS staff will inform every complainant of all avenues of appeal.

PURPOSE

The purpose of the discrimination complaint procedures is to describe the process used by the NCDOT for processing complaints under Title VI of the Civil Rights Act of 1964, and related statutes and authorities.

FILING OF COMPLAINTS

1. **Applicability** – The complaint procedures apply to the beneficiaries of the NCDOT's programs, activities, and services, including but not limited to the public, contractors, subcontractors, consultants, and other sub-recipients of federal and state funds.
2. **Eligibility** – Any person or class of persons who believes that he/she has been subjected to discrimination or retaliation prohibited by any of the Civil Rights authorities, based upon race, color, sex, age, national origin, or disability may file a written complaint with NCDOT's Civil Rights office. The law prohibits intimidation or retaliation of any sort. The complaint may be filed by the affected individual or a representative and must be in writing.
3. **Time Limits and Filing Options** – A complaint must be filed no later than 180 calendar days after the following:
 - The date of the alleged act of discrimination; or
 - The date when the person(s) became aware of the alleged discrimination; or
 - Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Title VI and other discrimination complaints may be submitted to the following entities:

- **North Carolina Department of Transportation**, Office of Equal Opportunity & Workforce Services, External Services Section, 1511 Mail Service Center, Raleigh, NC 27699-1511; 919-508-1830 or toll free 800-522-0453

- **US Department of Transportation**, Departmental Office of Civil Rights, External Civil Rights Programs Division, 1200 New Jersey Avenue, SE, Washington, DC 20590; 202-366-4070

Federal Highway Administration, Office of Civil Rights, 1200 New Jersey Avenue, SE, 8th Floor, E81-314, Washington, DC 20590, 202-366-0693 / 366-0752

Federal Highway Administration, North Carolina Division Office, 310 New Bern Avenue, Suite 410, Raleigh, NC 27601, 919-747-7010

Federal Transit Administration, Office of Civil Rights, ATTN: Title VI Program Coordinator, East Bldg. 5th Floor – TCR, 1200 New Jersey Avenue, SE, Washington, DC 20590

Federal Aviation Administration, Office of Civil Rights, 800 Independence Avenue, SW, Washington, DC 20591, 202-267-3258

- **US Department of Justice**, Special Litigation Section, Civil Rights Division, 950 Pennsylvania Avenue, NW, Washington, DC 20530, 202-514-6255 or toll free 877-218-5228

4. **Format for Complaints** – Complaints shall be in **writing** and **signed** by the complainant(s) or a representative and include the complainant's name, address, and telephone number. Complaints received by fax or e-mail will be acknowledged and processed. Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. Complaints will be accepted in other languages including Braille.
5. **Complaint Basis** – Allegations must be based on issues involving race, color, national origin, sex, age, or disability. The term "basis" refers to the complainant's membership in a protected group category.

Protected Categories	Definition	Examples
*Race	An individual belonging to one of the accepted racial groups; or the perception, based usually on physical characteristics that a person is a member of a racial group	Black/African American, Hispanic/Latino, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, White
*Color	Color of skin, including shade of skin within a racial group	Black, White, light brown, dark brown, etc.
*National Origin	Place of birth. Citizenship is not a factor. Discrimination based on language or a person's accent is also covered by national origin.	Mexican, Cuban, Japanese, Vietnamese, Chinese
Sex	Gender	Women and Men
Age	Persons of any age	21 year old person
Disability	Physical or mental impairment, permanent or temporary, or perceived.	Blind, alcoholic, para-amputee, epileptic, diabetic, arthritic

Complainant Notification

1. When a complaint is received, the External Services Section will provide written acknowledgment to the Complainant, within ten (10) business days by registered mail.
2. If the complaint is complete and no additional information is needed, the complainant will be sent a letter of acceptance along with the Complainant Consent/Release form.
3. If the complaint is incomplete, the Complainant will be contacted in writing or by telephone to obtain the additional information. The complainant will be given 15 calendars days to respond to the request for additional information. Failure to do so may be considered good cause for a determination of no investigative merit.
4. Within 15 business days from receipt of a complete complaint, the External Services Section will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the External Services Section will notify the Complainant and Respondent, by registered mail, informing them of the disposition.
 - a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.
 - b. If the complaint is to be investigated, the notification shall state the grounds of the NCDOT's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.
5. The Complainant will be notified that NCDOT will attempt to resolve complaints within 180 days after NCDOT has accepted the completed complaint for investigation.



North Carolina Department of Transportation
DISCRIMINATION COMPLAINT FORM

Any person who believes that he/she has been subjected to discrimination based upon race, color, sex, age, national origin, or disability may file a written complaint with NCDOT's Civil Rights office, within 180 days after the discrimination occurred.

Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City	State	Zip	
Home Telephone:	Work Telephone:	E-mail Address			
Identify the Category of Discrimination:					
<input type="checkbox"/> RACE		<input type="checkbox"/> COLOR		<input type="checkbox"/> NATIONAL ORIGIN	
<input type="checkbox"/> RELIGION		<input type="checkbox"/> DISABILITY		<input type="checkbox"/> SEX/GENDER	
<input type="checkbox"/> AGE					
Identify the Race of the Complainant					
<input type="checkbox"/> Black		<input type="checkbox"/> White		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> American Indian		<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Asian American	
		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Other _____	
Date and place of alleged discriminatory action(s). Please include earliest date of discrimination and most recent date of discrimination.					
Names of individuals responsible for the discriminatory action(s):					
How were you discriminated against? Describe the nature of the action, decision, or conditions of the alleged discrimination. Explain as clearly as possible what happened and why you believe your protected status (basis) was a factor in the discrimination. Include how other persons were treated differently from you. (Attach additional page(s), if necessary).					
The law prohibits intimidation or retaliation against anyone because he/she has either taken action, or participated in action, to secure rights protected by these laws. If you feel that you have been retaliated against, separate from the discrimination alleged above, please explain the circumstances below. Explain what action you took which you believe was the cause for the alleged retaliation.					
Names of persons (witnesses, fellow employees, supervisors, or others) whom we may contact for additional information to support or clarify your complaint: (Attached additional page(s), if necessary).					
<u>Name</u>		<u>Address</u>		<u>Telephone</u>	
1. _____					
2. _____					
3. _____					
4. _____					

DISCRIMINATION COMPLAINT FORM

Have you filed, or intend to file, a complaint regarding the matter raised with any of the following? If yes, please provide the filing dates. Check all that apply.

- ☐ US Equal Employment Opportunity Commission _____
- ☐ Federal Transit Administration _____
- ☐ Federal Highway Administration _____
- ☐ US Department of Transportation _____
- ☐ Federal or State Court _____
- ☐ Other _____

Have you discussed the complaint with any NCDOT representative? If yes, provide the name, position, and date of discussion.

Please provide any additional information that you believe would assist with an investigation.

Briefly explain what remedy, or action, are you seeking for the alleged discrimination.

****WE CANNOT ACCEPT AN UNSIGNED COMPLAINT. PLEASE SIGN AND DATE THE COMPLAINT FORM BELOW.**

COMPLAINANT'S SIGNATURE

DATE

MAIL COMPLAINT FORM TO:
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION
OFFICE OF EQUAL OPPORTUNITY & WORKFORCE SERVICES
EXTERNAL SERVICES SECTION
1511 MAIL SERVICE CENTER
RALEIGH, NC 27699-1511 919-508-1808 or 800-522-0453

FOR OFFICE USE ONLY

Date Complaint Received: _____

Processed by: _____

Case #: _____

Referred to: ☐ FHWA ☐ FTA Date Referred: _____